



25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.caribouhousing.org



VERIFICATION OF OTHER INCOME

RE: _____

SSN: _____

Dear Sir/Madam:

As a managing agent, we are required to verify income of all families applying for admission in to subsidized housing, and to periodically re-examine this information. To comply with requirements, we must ask your cooperation in supplying the following person(s) names above. This information will be held in strict confidence, for use only in determining the eligibility status of the family. Your prompt return of this letter will be greatly appreciated. Thank you very much.

Caribou Housing Agency

I hereby authorize to release the information requested directly to the housing agency

Signature: _____

Date: _____

- ☐ SSI State Supplement _____
- ☐ General Assistance..... _____
- ☐ Child Support _____
- ☐ Unemployment Maximum Benefit..... _____
- ☐ Retirement..... _____
- ☐ Alimony..... _____
- ☐ Veteran's Benefits..... _____
- ☐ Other Assistance (Type) _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature _____ Company Name: _____

Printed Name: _____ Address: _____

Title: _____ Date: _____